

NOV-10-2005 THU 09:00 PM TRIPP SCOTT, P.A.
Division of Corporations

FAX NO 954761 475

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Page 1 of 1

Florida Department of State
Division of Corporations
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To:
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Fax Number : (850) 205-0383

From:
Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7500
Fax Number : (954) 761-8475

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LIMITED LIABILITY COMPANY

ACS II GP LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ACS II GP LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:6245 N. FEDERAL HWY., 5TH FLOOR
FORT LAUDERDALE, FL 33308**Mailing Address:**6245 N. FEDERAL HWY., 5TH FLOOR
FORT LAUDERDALE, FL 33308**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

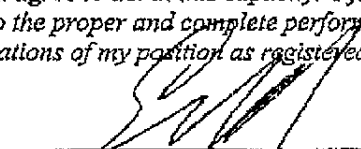
EDWARD J. POZZUOLI, ESQ.

Name

c/o Tripp Scott, PA, 110 SE 6th ST, 15th FLFlorida street address (P.O. Box **NOT** acceptable)Fort Lauderdale FL 33301

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

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Page 1 of 2

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05 NOV 10 PM 1:41
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMJONATHAN K. HAGE8245 N. FEDERAL HWY, 5TH FLOORFORT LAUDERDALE, FL 33301MGRMROBERT L. CAMBO2977 McFARLANE ROADCOCONUT GROVE, FL 33133SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JONATHAN K. HAGE

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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